

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

20 F STREET, NW

SUITE 310 C

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20001-6704

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00325936

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DR. DOUGLAS J. MATHISEN

Signature of Treasurer

DR. DOUGLAS J. MATHISEN

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

## SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
01 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">84511.43</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">84511.43</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">55860.00</span>	<span style="border: 1px solid black; padding: 2px;">55860.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">140371.43</span>	<span style="border: 1px solid black; padding: 2px;">140371.43</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">327.50</span>	<span style="border: 1px solid black; padding: 2px;">327.50</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">140043.93</span>	<span style="border: 1px solid black; padding: 2px;">140043.93</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
01 01 2015

To:

M M / D D / Y Y Y Y Y  
01 31 2015

**I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

50940.00

50940.00

(ii) Unitemized .....

4920.00

4920.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

55860.00

55860.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

55860.00

55860.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

55860.00

55860.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

55860.00

55860.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	327.50	327.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	327.50	327.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	327.50	327.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	327.50	327.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	55860.00	55860.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	55860.00	55860.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	327.50	327.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	327.50	327.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 32  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. KEVIN D. ACCOLA**

Mailing Address 217 HILLCREST STREET

City State Zip Code  
 ORLANDO FL 32801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CV SURGEONS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2015

Transaction ID : SA11AI.5853

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DR. MARK S. ALLEN**

Mailing Address 2380 HARDWOOD COURT

City State Zip Code  
 ROCHESTER MN 55902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MAYO FOUNDATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 25 / 2015

Transaction ID : SA11AI.5771

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DR. EMILE BACHA**

Mailing Address 3959 BROADWAY

City State Zip Code  
 NEW YORK NY 10032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COLUMBIA UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 08 / 2015

Transaction ID : SA11AI.5755

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. JOHN T. BATTER**

Mailing Address 405 NORTH 140TH STREET

City State Zip Code  
 OMAHA NE 68164

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OHAHA THORACIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2015

Transaction ID : SA11AI.5854

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DR. WILLIAM A. BAUMGARTNER**

Mailing Address 2 MALVERN COURT

City State Zip Code  
 RUXTON MD 21204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JOHNS HOPKINS UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2015

Transaction ID : SA11AI.5816

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DR. JOSEPH E. BAVARIA**

Mailing Address 3400 SPRUCE STREET

City State Zip Code  
 PHILADELPHIA PA 19104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF PENNSYLVANIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2015

Transaction ID : SA11AI.5772

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 32  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. SHANDA H. BLACKMON**

Mailing Address 2498 HAWK HILL LANE

City State Zip Code  
 ROCHESTER MN 55902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE MAYO CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2015

Transaction ID : SA11AI.5819

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DR. MARK I. BLOCK**

Mailing Address 401 SWEET BAY AVENUE

City State Zip Code  
 PLANTATION FL 33324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEMORIAL HEALTHCARE SYSTEM

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2015

Transaction ID : SA11AI.5856

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DR. MATTHEW BLUM**

Mailing Address 525 NORTH FOOTE AVENUE

City State Zip Code  
 COLORADO SPRINGS CO 80909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEMORIAL HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2015

Transaction ID : SA11AI.5946

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. LAMAR J. BUSHNELL**

Mailing Address 2243 SUNSET DRIVE

City  
VENTURA

State Zip Code  
CA 93001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 26 / 2015

Transaction ID : SA11AI.5858

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DR. JOHN H. CALHOON**

Mailing Address 7703 FLOYD CURL DRIVE

City  
SAN ANTONIO

State Zip Code  
TX 78257

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UT HEALTH SCIENCE CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2015

Transaction ID : SA11AI.5774

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DR. ANDREA J. CARPENTER**

Mailing Address 29030 CLOUD CROFT LANE

City  
FAIR OAKS RANCH

State Zip Code  
TX 78015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UT HEALTH SCIENCE CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2015

Transaction ID : SA11AI.5776

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. STEPHEN D. CASSIVI**

Mailing Address 1817 SPEL LANE

City

ROCHESTER

State

MN

Zip Code

55902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MAYO CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2015

Transaction ID : SA11AI.5794

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DR. AARON M. CHENG**

Mailing Address 2618 WEST NEWTON STREET

City

SEATTLE

State

WA

Zip Code

98199

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF WASHINGTON

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2015

Transaction ID : SA11AI.5820

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. DR. JOSEPH C. CLEVELAND**

Mailing Address 9176 EAST WESLEY AVENUE

City

DENVER

State

CO

Zip Code

80231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF COLORADO

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 26 / 2015

Transaction ID : SA11AI.5861

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2250.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. ROBBIN G. COHEN**

Mailing Address 1520 SAN PABLO STREET

City

LOS ANGELES

State

CA

Zip Code

90033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USC SCHOOL OF MEDICINE

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 26 / 2015

Transaction ID : SA11AI.5862

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DR. LAWRENCE H. COHN**

Mailing Address 75 FRANCIS STREET

City

BOSTON

State

MA

Zip Code

02467

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BRIGHAM & WOMEN'S HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2015

Transaction ID : SA11AI.5777

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DR. CLIFF P. CONNERY**

Mailing Address 60 HALL ROAD

City

BRIARCLIFFE MANOR

State

NY

Zip Code

10510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HEALTH QUEST MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 26 / 2015

Transaction ID : SA11AI.5863

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. JOHN V. CONTE**

Mailing Address 2903 MT. SNOW COURT

City State Zip Code  
 ELLICOTT CITY MD 21042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 JOHNS HOPKINS UNIVERSITY

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 25 / 2015

**Transaction ID : SA11AI.5778**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DR. JOSEPH S. COSELLI**

Mailing Address 3992 DEL MONTE DRIVE

City State Zip Code  
 HOUSTON TX 77019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 BAYLOR COLLEGE OF MEDICINE

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2015

**Transaction ID : SA11AI.5866**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DR. JOSEPH DEARANI**

Mailing Address 4424 ETENMOOR LANE SOUTHWEST

City State Zip Code  
 ROCHESTER MN 55902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MAYO CLINIC

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2015

**Transaction ID : SA11AI.5797**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. PEDRO J. DEL NIDO**

Mailing Address 300 LONGWOOD AVENUE

City  
BOSTON

State  
MA

Zip Code  
02420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BOSTON CHILDREN'S HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2015

Transaction ID : SA11AI.5870

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DR. KIM F. DUNCAN**

Mailing Address 13517 CHARLES CIRCLE

City

OMAHA

State

NE

Zip Code

68154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHILDRENS SPECIALTY PHYSICIANS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2015

Transaction ID : SA11AI.5798

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DR. JAMES R. EDGERTON**

Mailing Address P.O. BOX 190667

City

DALLAS

State

TX

Zip Code

75219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE HEART HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 07 / 2015

Transaction ID : SA11AI.5741

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. EDGAR L. FEINBERG**

Mailing Address 855 BELANGER STREET

City

HOUMA

State

LA

Zip Code

70360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDIOVASCULAR CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 26 / 2015

Transaction ID : SA11AI.5872

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DR. RICHARD H. FEINS**

Mailing Address 10424 STONE

City

CHAPEL HILL

State

NC

Zip Code

27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF NORTH CAROLINA

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2015

Transaction ID : SA11AI.5779

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DR. RICHARD K. FREEMAN**

Mailing Address 11685 BRADFORD PLACE

City

CARMEL

State

IN

Zip Code

46033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. VINCENT MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2015

Transaction ID : SA11AI.5879

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. DAVID A. FULLERTON**

Mailing Address 275 LAFAYETTE STREET

City State Zip Code  
DENVER CO 80218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF COLORADO

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2015

Transaction ID : SA11AI.5822

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DR. ANTHONY FURNARY**

Mailing Address 9155 SOUTHWEST BARNES ROAD

City State Zip Code  
PORTLAND OR 97225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STARR-WOOD CARDIAC GROUP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 26 / 2015

Transaction ID : SA11AI.5880

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DR. MARK T. GRATTAN**

Mailing Address 609 AHAKA STREET

City State Zip Code  
HONOLULU HI 96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2015

Transaction ID : SA11AI.5799

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. FREDERICK L. GROVER**

Mailing Address 3000 EAST CEDAR AVENUE

City State Zip Code  
DENVER CO 80209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF COLORADO

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2015

Transaction ID : SA11AI.5825

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DR. ROBERT A. GUYTON**

Mailing Address 3342 PACES FERRY AVENUE

City State Zip Code  
ATLANTA GA 30339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMORY CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 26 / 2015

Transaction ID : SA11AI.5884

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. DR. JOHN W. HAMMON**

Mailing Address 1001 DALTON ROAD

City State Zip Code  
LEWISVILLE NC 27023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2015

Transaction ID : SA11AI.5886

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. JOHN L. HARLAN**

Mailing Address 2871 ACTON ROAD

City

BIRMINGHAM

State

AL

Zip Code

35243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT SURGEONS

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 26 / 2015

Transaction ID : SA11AI.5887

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. DR. ROBERT HIGGINS**

Mailing Address 395 WEST 12TH AVENUE

City

COLUMBUS

State

OH

Zip Code

43210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OHIO STATE UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 26 / 2015

Transaction ID : SA11AI.5894

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. DR. KEITH A. HORVATH**

Mailing Address 4839 WESTERN AVENUE

City

WASHINGTON

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JOHNS HOPKINS PHYSICIANS

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 26 / 2015

Transaction ID : SA11AI.5895

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1615.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. MARK D. IANNETTONI**

Mailing Address 115 HEART DRIVE

City State Zip Code  
 GREENVILLE NC 27834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EAST CAROLINA UNIVESITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2015

Transaction ID : SA11AI.5800

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. DR. SYLWIA KARPINSKI**

Mailing Address 1000 PINE STREET

City State Zip Code  
 TEXARKANA TX 75501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WADLEY REGIONAL MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 26 / 2015

Transaction ID : SA11AI.5896

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. DR. PETER A. KNIGHT**

Mailing Address 141 KILBOURN ROAD

City State Zip Code  
 ROCHESTER NY 14618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF ROCHESTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2015

Transaction ID : SA11AI.5898

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. NICHOLAS T. KOUCHOUKOS**

Mailing Address 25 PICARDY LANE

City State Zip Code  
ST. LOUIS MO 63124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT&V SURGERY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2015

Transaction ID : SA11AI.5801

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DR. JAVIAR A. LAFUENTE**

Mailing Address 18400 KATY FREEWAY

City State Zip Code  
HOUSTON TX 77094

FEC ID number of contributing  
federal political committee.

C

Name of Employer

METHODIST HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2015

Transaction ID : SA11AI.5783

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DR. STEPHEN J. LAHEY**

Mailing Address 60 BRADFORD WALK

City State Zip Code  
FARMINGTON CT 06032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UC HEALTH CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2015

Transaction ID : SA11AI.5784

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1365.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. RAJ B. LAL**

Mailing Address 2809 MEYERS ROAD

City State Zip Code  
 OAK BROOK IL 60523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2015

Transaction ID : SA11AI.5901

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. DR. RICHARD LEE**

Mailing Address 3635 VISTA AVENUE

City State Zip Code  
 ST. LOUIS MO 63110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. LOUIS UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2015

Transaction ID : SA11AI.5903

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DR. ROBERT B. LEE**

Mailing Address 1112 PIGSKIN COURT

City State Zip Code  
 FRANKLIN TN 37064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOURDES HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2015

Transaction ID : SA11AI.5904

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. PAUL S. LEVY**

Mailing Address 4802 EAST JOHNSON AVENUE

City

JONESBORO

State

AR

Zip Code

72404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEA BAPTIST CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2015

Transaction ID : SA11AI.5905

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DR. THOMAS E. MACGILLIVRAY**

Mailing Address 112 MOUNT VERNON STREET

City

BOSTON

State

MA

Zip Code

02108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MASSACHUSETTS GENERAL HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 30 / 2015

Transaction ID : SA11AI.5767

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DR. MITCHELL J. MAGEE**

Mailing Address 6457 NORWAY ROAD

City

DALLAS

State

TX

Zip Code

75230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDICAL CITY DALLAS HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2015

Transaction ID : SA11AI.5834

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 32  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. M. BLAIR MARSHALL**

Mailing Address 5914 CHESTERBROOK ROAD

City State Zip Code  
 MCLEAN VA 22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GEORGETOWN UNIVERSITY HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2015

Transaction ID : SA11AI.5908

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DR. DOUGLAS J. MATHISEN**

Mailing Address 60 PINE STREET

City State Zip Code  
 DOVER MA 02030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MASSACHUSETTS GENERAL HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2015

Transaction ID : SA11AI.5807

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DR. THOMAS L. MATTHEW**

Mailing Address 7105 QUIET RETREAT COURT

City State Zip Code  
 NIWOT CO 80503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF COLORADO HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 30 / 2015

Transaction ID : SA11AI.5768

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. JOHN E. MAYER**

Mailing Address 44 SKYLINE DRIVE

City State Zip Code  
WELLESLEY MA 02482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHMC CV SURGERY FOUNDATION

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 26 / 2015

Transaction ID : SA11AI.5909

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DR. MICHAEL R. MILL**

Mailing Address 560 SUN FOREST WAY

City State Zip Code  
CHAPEL HILL NC 27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNC AT CHAPEL HILL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 26 / 2015

Transaction ID : SA11AI.5764

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. DR. DANIEL L. MILLER**

Mailing Address 551 GRAMERCY DRIVE

City State Zip Code  
MARIETTA GA 30068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WELLSTAR HEALTH SYSTEM

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 26 / 2015

Transaction ID : SA11AI.5914

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. J. SCOTT MILLIKAN**

Mailing Address 3319 ALPINE DRIVE

City

BILLINGS

State

MT

Zip Code

59102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BILLINGS CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 30 / 2015

Transaction ID : SA11AI.5769

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DR. NAHUSH A. MOKADAM**

Mailing Address 12317 NORTHEAST 75TH STREET

City

KIRKLAND

State

WA

Zip Code

98033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF WASHINGTON

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2015

Transaction ID : SA11AI.5808

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DR. KEITH S. NAUNHEIM**

Mailing Address 3635 VISTA AVENUE

City

ST. LOUIS

State

MO

Zip Code

63110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. LOUIS UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2015

Transaction ID : SA11AI.5786

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. MARK B. ORRINGER**

Mailing Address 1389 TOWSLEY LANE

City State Zip Code  
 ANN ARBOR MI 48109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 UNIVERSITY OF MICHIGAN

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2015

Transaction ID : SA11AI.5810

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. DR. G. ALEXANDER PATTERSON**

Mailing Address 18 SOUTHMOOR DRIVE

City State Zip Code  
 CLAYTON MO 63105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 WASHINGTON UNIVERSITY

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2015

Transaction ID : SA11AI.5811

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DR. RICHARD L. PRAGER**

Mailing Address 3301 TIMBERWOOD LANE

City State Zip Code  
 ANN ARBOR MI 48103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 UNIVERSITY OF MICHIGAN

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2015

Transaction ID : SA11AI.5812

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 26 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. JOHN PUSKAS**

Mailing Address 1 GUSTAVE L. LEVY PLACE

City	State	Zip Code
NEW YORK	NY	10029

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 MOUNT SINAI HOSPITAL

 Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
01	/	26	/	2015

Transaction ID : SA11AI.5922

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DR. V.SEENU REDDY**

Mailing Address 3513 WOODMONT BOULEVARD

City	State	Zip Code
NASHVILLE	TN	37215

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 HCA HEALTHCARE

 Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
01	/	26	/	2015

Transaction ID : SA11AI.5923

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. DR. JEFFREY B. RICH**

Mailing Address 600 GRESHAM DRIVE

City	State	Zip Code
NORFOLK	VA	23507

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 MID-ATLANTIC CT SURGEONS

 Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
01	/	27	/	2015

Transaction ID : SA11AI.5843

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1865.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 32  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. MATTHEW A. ROMANO**

Mailing Address 2982 HUNLEY DRIVE

City	State	Zip Code
ANN ARBOR	MI	48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF MICHIGANOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2015

Transaction ID : SA11AI.5924

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. DR. STEVEN M. SCHWARTZ**

Mailing Address 13372 VIA ARRIBA DRIVE

City	State	Zip Code
SARATOGA	CA	95070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAN JOSE CARDIAC SURGERY GROUPOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2015

Transaction ID : SA11AI.5787

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DR. STEVEN S. SCOTT**

Mailing Address 137 ROFFINGHAMS WAY

City	State	Zip Code
WILLIAMSBURG	VA	23185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIVERSIDE MEDICAL GROUPOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	04	/	2015

Transaction ID : SA11AI.5744

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1365.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. WILLIAM F. SEWARD**

Mailing Address 2312 FORESTVIEW ROAD

City  
EVANSTON

State Zip Code  
IL 60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOCIETY OF THORACIC SURGEONS

Occupation  
ASSOCIATE EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2015

Transaction ID : SA11AI.5789

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DR. RAYMOND SINGER**

Mailing Address 3531 STURBRIDGE PLACE

City  
ALLENTOWN

State Zip Code  
PA 18104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEHIGH VALLEY HEALTH NETWORK

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2015

Transaction ID : SA11AI.5845

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DR. ALAN M. SPEIR**

Mailing Address 9441 BRIAR LANE

City  
DELAFLANE

State Zip Code  
VA 20144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CV&T SURGICAL ASSOCIATES

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2015

Transaction ID : SA11AI.5847

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. JESS L. THOMPSON**

Mailing Address 12451 NORTH LANTERN WAY

City State Zip Code  
 ORO VALLEY AZ 85755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 UNIVERSITY OF ARIZONA

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2015

Transaction ID : SA11AI.5848

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DR. JOHN WACIUMA**

Mailing Address 1421 WOODLAND DRIVE SOUTHWEST

City State Zip Code  
 ROCHESTER MN 55902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SACRED HEART HOSPITAL

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2015

Transaction ID : SA11AI.5934

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DR. SALIM M. WALJI**

Mailing Address 502 ELM STREET NORTHEAST

City State Zip Code  
 ALBUQUERQUE NM 87102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 LOVELACE MEDICAL CENTER

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 26 / 2015

Transaction ID : SA11AI.5936

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. GARRETT WALSH**

Mailing Address 1515 HOLCOMBE BOULEVARD

City State Zip Code  
 HOUSTON TX 77030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 M.D. ANDERSON CANCER CENTER

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2015

Transaction ID : SA11AI.5937

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DR. RICHARD I. WHYTE**

Mailing Address 5 LOEW CIRCLE

City State Zip Code  
 MILTON MA 02186

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 BETH ISRAEL DEACONESS

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 26 / 2015

Transaction ID : SA11AI.5939

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. DR. DOUGLAS E. WOOD**

Mailing Address 1944 15TH AVENUE EAST

City State Zip Code  
 SEATTLE WA 98112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 UNIVERSITY OF WASHINGTON

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2015

Transaction ID : SA11AI.5791

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 31 OF 32  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. CAMERON D. WRIGHT**

Mailing Address 734 EAST 8TH STREET

 City  
 BOSTON

 State  
 MA

 Zip Code  
 02127

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

MASSACHUSETTS GENERAL HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	5

Transaction ID : SA11AI.5753

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. ROBERT A. WYNBRANDT**

Mailing Address 921 DRYDEN LANE

 City  
 HIGHLAND PARK

 State  
 IL

 Zip Code  
 60035

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

SOCIETY OF THORACIC SURGEONS

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	5

Transaction ID : SA11AI.5792

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DR. J. NILAS YOUNG**

Mailing Address 8 ROBERT ROAD

 City  
 ORINDA

 State  
 CA

 Zip Code  
 94563

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

UC DAVIS CT SURGERY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	5

Transaction ID : SA11AI.5941

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1865.00

**TOTAL** This Period (last page this line number only)..... ►

1865.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 32  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. STANLEY ZIOMEK**

Mailing Address 3098 OAK GROVE

City

POPLAR BLUFF

State

MO

Zip Code

63901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

POPLAR BLUFF REGIONAL MEDICAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 26 / 2015

Transaction ID : SA11AI.5944

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

365.00

50940.00